



Cleaner and healthier air: Welsh government consultation on draft regulations to implement fine particulate matter (PM_{2.5}) air quality targets

RCP response | February 2026

About the RCP

The Royal College of Physicians (RCP) is the membership body for physicians. Our role is to support physicians to deliver the best healthcare possible for patients and improve standards of care.

We represent around 40,000 members and fellows in the UK and internationally from over 30 medical specialties. We have around 1,300 physician members in Wales, working hospitals and the community across [30 different medical specialties](#) to diagnose and treat millions of patients.

The RCP Cymru Wales welcomes the opportunity to respond to this consultation. Air pollution is a significant public health issue, causing loss of healthy years of life and premature death.

Question 1a: To what extent do you agree with the level of ambition proposed for the Annual Mean Concentration Target (AMCT)?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

Question 1b: Please explain your answer.

Welsh government's intention to ensure that the annual mean concentration of PM_{2.5} in ambient air in Wales is equal to or less than 10 micrograms per cubic metre by 31 December 2035 does not show sufficient ambition. The suggested target is not aligned with the World Health Organization guideline of 5 µg/m³.

The Royal College of Physicians (RCP) recommends that governments across the UK work with stakeholders and citizens, including marginalised and vulnerable groups, children and young people, older people, minoritised ethnic groups and disabled people, to identify robust pathways towards the delivery of the World Health Organization's 2021 global air quality guideline levels.

There is no evidence of a safe threshold for many pollutants. The RCP 2025 report, [A breath of fresh air](#), highlights new evidence gained over the last decade showing that air pollution affects almost every organ in the human body. We now have new knowledge about the significant health impacts of toxic air even at low concentrations, including on foetal development, cancer, heart disease, stroke, mental health conditions and dementia. The RCP report estimated that air pollution contributes to the equivalent of 30,000 deaths in the UK in 2025 and cost the UK more than £27 billion annually. The costs for healthcare, productivity losses and reduced quality of life due to air pollution may be as much as £50 billion when wider impacts, such as dementia, are accounted for.

Welsh government must take a stronger and more ambitious approach. We need a defined policy pathway towards achieving the WHO global air quality guidelines in Wales.

As a member of Healthy Air Cymru, the RCP supports the call for Wales to adopt a statutory target of 10 µg/m³ by 2030, supported by meaningful policy interventions. The UK government's [Environmental Improvement Plan](#) commits to deliver this. Wales must show at least the same level of ambition.

Question 2a: To what extent do you agree with the level of ambition proposed for the Population Exposure Reduction Target (PERT)?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

Question 2b: Please explain your answer.

Wales's current level of ambition falls behind other UK nations. In its [Environmental Improvement Plan](#), UK government committed to reducing population exposure by 30% by 2030 in England and is consulting on tougher measures such as wood-burning restrictions. Welsh government must be more ambitious especially with wood burning and burning of other solid fuels. Case histories from around the world show that without legal limits on pollution in ambient air, action to improve air quality is slow.

Question 3a: To what extent do you agree with the proposed arrangements for assessing PM2.5 levels and achievement of the targets?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☒ Disagree
- ☐ Strongly disagree

Question 3b: Please explain your answer.

The emissions contributing to modern air pollution are changing. As set out in the RCP's [A breath of fresh air](#) report, since the publication of the RCP/RCPCH report *Every breath we take* in 2016, and the 2018 progress update, new legislation and a shifting policy focus have emerged in response to changing pollutant trends and sources. The 2019 Clean Air Strategy set out plans and actions in England to reduce emissions, not only from transport, but also from homes, farming and industry, to protect public health and the environment.

Between 1970 and 2022, there has been a steady reduction in UK emissions for all pollutants other than ammonia, for which progress has been painfully slow. Ammonia from dairy and chicken farms in Wales are potentially significant sources of secondary PM_{2.5}, requiring detailed source apportionment to target policy effectively.

National and local governments must take greater action to tackle all sources of air pollution, increasing action where progress is already being made and tackling areas that have been overlooked or lightly regulated, such as agriculture. Efforts must continue – for example, improving manure management by implementing proper storage and handling of livestock manures and slurries. Without addressing ammonia emissions directly, Wales cannot deliver meaningful reductions in PM_{2.5} exposure.

Question 4a: To what extent do you agree with the provision in the draft regulations to allow the subtraction of the 'natural contribution' to particulate matter where exceedances of a target are due in whole or in part to these natural contributions?

- ☐ Strongly agree
- ☐ Agree
- ☒ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Question 4b: Please explain your answer.

While we note that Welsh government says that a significant share of PM_{2.5} in Wales comes from sources beyond its direct control (either natural sources or from pollution that travels into Wales), this is the case for other places too, including England. Subtracting natural sources does not eliminate the health impacts of such pollution. This is why continuous monitoring of total PM is key. Indeed, the UK Department for Environment, Food and Rural Affairs' [Air pollution in the UK 2024: compliance assessment summary](#) published in September 2025 notes that subtraction of natural source contribution is not allowed in the case of PM_{2.5}.

We share the concerns of HAC Cymru that ammonia derived PM_{2.5} is not properly accounted for in existing modelling or monitoring arrangements.

It is important that the most up to date source apportionment modelling is used such as on the [Clean Air Data Portal](#).

Question 5: We have asked some specific questions. If you have any other relevant thoughts or comments on our proposals, please provide them here.

Air pollution is the largest environmental health risk globally, causing loss of healthy years of life and premature death – it is harmful to everyone, but it disproportionately affects the most vulnerable groups in society. In Wales each year, between 1,000 and 1,400 deaths are attributable to air pollution exposure with now up to 700 different diseases linked to poor air ([Air pollution and human health: a phenome-wide association study](#)). We now know that air pollution is a highly significant threat to public health, impacting almost every organ in the body across the life course with the major diseases that affect them.

National and local governments in Wales must take increasingly ambitious action to reduce people's exposure to outdoor and indoor air pollution. Welsh government should work with stakeholders and citizens, including marginalised and vulnerable groups, to deliver the World Health Organization's 2021 global air quality guideline levels.

In addition to stronger air quality targets, Welsh government should also fund and deliver a public health clean air campaign to provide accurate and trusted information about the health impacts of short- and long-term air pollution exposure. The most vulnerable are most harmed by air pollution.

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Responses to the consultation may be published. Your response will be anonymous.

However, if you would like your name to be published alongside your response, please tick the box.

☒ I agree to my name being published alongside my response to this consultation.